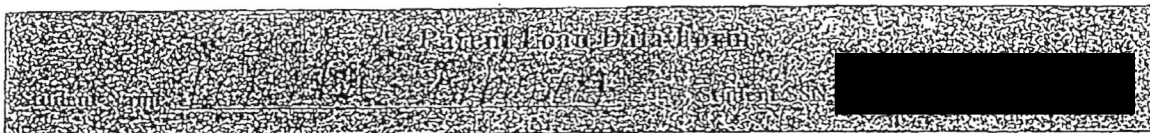


# Exhibit 1



## PARENT DATA - PLUS LOANS ONLY

Robinson

Last Name

Anthony

First Name

W

M.I.

\$22,900.00

Loan Amount Requested

Street Address

Social Security Number

City

State

Zip

Date of Birth

Driver's License Number

State

Telephone Number

Employer

Employer Telephone Number

Street Address

Years Employed

City

State

Zip

Are you currently in default on an education loan? ☐ Yes ☒ NoDo you owe a refund on a federal student grant? ☐ Yes ☒ NoU.S. Citizen ☒ Yes ☐ No☐ Eligible Non-Citizen, Alien Registration # A

(Documentation Required)

## REFERENCES - Please list two people with different U.S. addresses who have known you for at least three years.

1.

Willis

Last Name

Andrea

First Name

Telephone Number

Street Address

City

State

Zip

2.

Harrison

Last Name

Gwendolyn

First Name

Telephone Number

Street Address

City

State

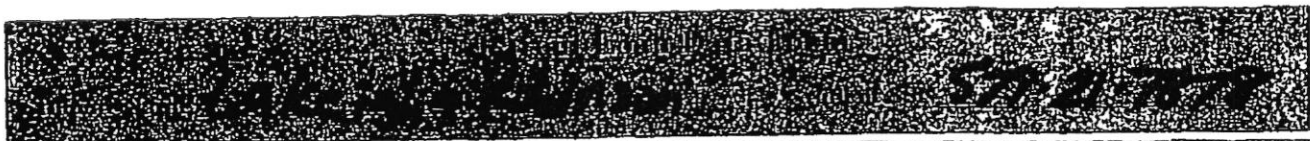
Zip

I authorize the U.S. Department of Education (Direct Loan) or selected lender (FFEL) to perform a check on my credit history as required under this loan program.

Parent's Signature

Date

3/12/10



**PARENT DATA - PLUS LOANS ONLY**

Last Name Robinson First Name Anthony M.I. W  
 Street Address [REDACTED]  
 City [REDACTED] State [REDACTED] Zip [REDACTED]  
 Driver's License Number [REDACTED] State [REDACTED]  
 Employer N/A  
 Street Address [REDACTED]  
 City [REDACTED] State [REDACTED] Zip [REDACTED]  
 Are you currently in default on an education loan? ☐ Yes ☒ No  
 Do you owe a refund on a federal student grant? ☐ Yes ☒ No  
 U.S. Citizen ☒ Yes ☐ No ☐ Eligible Non-Citizen, Alien Registration # A (Documentation Required)

\$ [REDACTED] Loan Amount Requested  
 Social Security Number [REDACTED]  
 Date of Birth [REDACTED]  
 Telephone Number [REDACTED]  
 Employer Telephone Number N/A  
 Years Employed N/A

**REFERENCES - Please list two people with different U.S. addresses who have known you for at least three years.**

1. Last Name Willis First Name Andrea Telephone Number [REDACTED]  
 Street Address [REDACTED]  
 City [REDACTED] State [REDACTED] Zip [REDACTED]

2. Last Name Harrison First Name Gwendolyn Telephone Number [REDACTED]  
 Street Address [REDACTED]  
 City [REDACTED] State [REDACTED] Zip [REDACTED]

I authorize the U.S. Department of Education (Direct Loan) or selected lender (FFEL) to perform a check on my credit history as required under this loan program.

Anthony W Robinson  
 Parent's Signature

Date 5/19/2018  
2/8/11